

9-85

No. 80-12

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Terrence J. Maguire

Age 68 years months days

Place of death 70 Newton St. Southborough

Date of death January 11, 1986

Cause of death Ischemic Heart Disease  
Congestive Heart Failure

Interment at Rural Cemetery

Date permit issued January 13, 1986

Certified by Arnold J. Hill M.D.

No. 9-85

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

of deceased Terrence J. Maguire

U. S. War Veteran, specify what war, organization, etc.

None

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsSouthborough Cemetery  
(Name of cemetery or crematory) (City or town)

January 18, 1986

Certified by Walmsley  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to J. D. Waterman - Eastman.....  
4495 Conn. Ave. Boston MA -

Name of Deceased John Pendleton Acree.....

Age..... 40 years..... months..... days

Place of death. Lante 9 - Southborough Mass

Date of death. February 18, 1986.....

Cause of death Blunt Impact Neck Injury

Interment at... Miro Chapel Cemetery Greensboro N.C.

Date permit issued February 19, 1986

Certified by Leinoray P. Stone..... M.D.

No. 3 - 84

No. 86 - B

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sullivan FitzgeraldName of Deceased William A. Holmes, Sr.Age 82 years ..... months ..... daysPlace of death 72 Turpentine Rd SouthboroughDate of death April 7-1986Cause of death Metastatic Carcinoma of Prostate  
Chronic Lung DiseaseInterment at Evergreen Cemetery MarlboroDate permit issued April 9, 1986Certified by Robert C. Summer M.D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)Town of Southborough Mass.of deceased William A. Holmes, Sr.

S. War Veteran, specify what war, organization, etc.

no

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
handled in accordance with its termsEvergreen - Marlboro  
(Name of cemetery or crematory) Southborough  
(City or town)April 10, 1986Signed by Robert C. Summer Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 4-86

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter Wadsworth / Wadsworth Funeral Home

Name of Deceased Ernest L. Kallander Sr.

Age 84 years months days

Place of death 8 Meadow Lane, Southborough

Date of death April 18-1986

Cause of death Thromosclerotic Heart Disease  
Cardiomyopathy

Interment at Rural Cemetery, Cremation

Date permit issued 4-22-86

Certified by Dr. Shirley P. Stone M.D.

No. 4-86

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit) Senia A. Torcolelli

or Town of Somerville, Mass.

Name of deceased Ernest Lennart Kallander

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was used of in accordance with its terms

Newton Crematory, Newton, MA.  
(Name of cemetery or crematory) (City or town)

April 23, 1986

Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 86 - 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rowe Funeral Home  
 Name of Deceased John V. Finn Jr.

Age 89 years ..... months ..... days

Place of death Brigham St. Southboro.

Date of death May 1986

Cause of death Hepatitis, Hanging, Depression.

Interment at Rural Cemetery Southboro

Date permit issued May 5, 1986

Certified by Timothy P. Stone M.D.

No. 86 - 5**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agmt - Board & Health  
 (Office issuing permit)

or Town of Southborough Mass.

of deceased John V. Finn Jr.

U. S. War Veteran, specify what war, organization, etc.

W I - Navy

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
 used in accordance with its terms

Southborough Rural Cemetery

(Name of cemetery or crematory) (City or town)

May 6, 1986

Identified by Walter W. Johnson  
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6-86

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to .....

Name of Deceased Neil Sutherland

Age..... 71 years..... months..... days

Place of death..... Southborough St 495

Date of death..... June 23 - 1986

Cause of death..... Blunt head, neck, chest impact

Interment at..... Worcester County Memorial Park, Paxton, MA

Date permit issued..... June 24 - 1986

Certified by..... Timothy P. Stone M.D.

No. 6-86

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

of deceased Neil Sutherland

U. S. War Veteran, specify what war, organization, etc.

..... W.W.II = U.S. NAVY

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
handled in accordance with its terms

Worcester County Memorial Park Paxton, MA

(Name of cemetery or crematory)

(City or town)

June 26, 1986

Signed by..... John E. Hallen  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the office of the town clerk on  
July 7, 1986 at 9:00 A.M.  
**PAUL J. BERRY, CLERK**  
**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**



## STATE OF NEW HAMPSHIRE

Burial Permit No. ....

## BURIAL — TRANSIT PERMIT

City or Town of ..... Bartlett

Full name of deceased ..... Richard Francis Labarre  
Place of death ..... Bartlett Carroll N.H.  
Date of death ..... June 30, 1986 Color White (Town or City) Male (County) 59 (State)  
Cause of death ..... Cardiac Arrest  
Method of disposal ..... Burial Rural Cemetery  
(Whether burial, cremation, transportation, storage, etc. - If storage, see over)  
Town or City ..... Southboro County ..... Worcester State ..... Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to ..... Donald C. Morris ..... Address 40 Main St., Southboro, Mass.  
(Funeral Director) 01772

to dispose of body of said deceased as above stated. Date Issued ..... June 30, 1986

Signature ..... (Town Clerk, Sub-Registrar, Agent City Board of Health) City or Town of ..... Bartlett

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**  
Body was ..... buried on 4 July 1986 in Southborough Rural Cemetery  
(State whether cremated, buried, stored, etc.)  
Town or City ..... Southborough County ..... Worcester State ..... Massachusetts

If stored, Body was then ..... on ..... 19 ..... in .....  
(State whether cremated, buried)  
(Place of final destination — Cemetery or Crematory)

Town or City ..... D County ..... State .....

Section etc. ..... D  
Lot No. ..... 33 Grave No. ..... 1 Signature ..... (Sexton or person in charge)  
*Watson Day, Sexton*

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

No. 7-86.....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter Wadsworth, Wadsworth, Friend

Name of Deceased June Williams

Age 67 years months days

Place of death 10 Winchester St Southboro

Date of death August 6, 1986

Cause of death Terminal Carcinoma - Breast

Interment at Rural Cemetery

Date permit issued August 7-1986

Certified by Robert H. Pattenhouse M.D.

No. 7-86.....

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent = Board of Health  
(Office issuing permit)

r Town of Southborough Mass.

of deceased June Williams

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

eby certify that the body accompanying this permit was  
ed of in accordance with its termsSouthborough Rural Cemetery  
(Name of cemetery or crematory) (City or town)

August 8, 1986

fied by Watson Dan  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8-84

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Elizabeth Putnam Bruneck

Age 95 years months days

Place of death 359 Turnpike Rd. Southborough

Date of death Oct 4 1986

Cause of death Arteriosclerotic Heart Disease

Interment at Central Cemetery Beverly Mass

Date permit issued October 4 1986

Certified by J. Michael P. Stone M.D.

No. 85-11

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

of deceased Elizabeth Putnam Bruneck

U. S. War Veteran, specify what war, organization, etc.

None

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
used in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

OCT 6 1986

(City or town)

Filed by Arthur T. Scanlon Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9-86

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Mary Elizabeth Finn

Age 93 years months days

Place of death 361 Turnpike Rd, Southboro

Date of death December 20, 1986

Cause of death Cerebral Thrombosis

Arteriosclerotic Heart Disease

Interment at Rural Cemetery

Date permit issued December 20, 1986

Certified by Timothy P. Stone M.D.

No. 4-86

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

Name of deceased Mary Elizabeth Finn

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
posse of in accordance with its termsRural Cemetery Southborough Mass.  
(Name of cemetery or crematory)  
(City or town)

December 23, 1986

Certified by Joseph C. Mauro  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-87

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Douglas Funeral HomeName of Deceased Harriet Berry DenhamAge 94 years ..... months ..... daysPlace of death 77 Deerfoot Rd SouthboroDate of death February 7, 1987Cause of death Cerebral Thrombosis  
Atherosclerotic Heart DiseaseInterment at Westview Cemetery Lexington MassDate permit issued February 6, 1987Certified by Timothy P. Stone, M.D.

No. 1-87

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Hanover Board of Health  
(Office issuing permit)or Town of Southborough Mass.Name of deceased Harriet Berry Denham

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
used of in accordance with its terms

Westview Cemetery ..... (City or town)

(Name of cemetery or crematory)

February 7, 1987

Certified by Denman M. Blazquez  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rowe Funeral Home Inc.

Name of Deceased Walter E. Concannon

Age 77 years months days

Place of death 12 Strawberry Hill Rd

Date of death May 8, 1987

Cause of death Coronary Sclerosis, Presumed

Interment at Milton Cemetery, Presumed Sudden

Date permit issued May 10, 1987

Certified by Timothy P. Stone M.D.

3/20/87

No record

(INSTRUCTIONS ON REVERSE SIDE)  
FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS

## The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

1230

STATE USE  
ONLY

1.

'2 PLACE 74

HOSPITAL 78

2.

RACE

NATIVITY 20

RESIDENCE 34

OUT OF  
STATE 37

8 CENSUS 41

12 AUTOPSY

3 MED. EXAM.

CERTIFIER

BLACK INK ONLY

76

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo. Day, Yr.)		
1. Bernard		R.		Myles	Male	3 May 10 1987		
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and numbers)		IF IN HOSPITAL DOA (Yes or No)		
4a Worcester		4b Worcester		4c Worcester Memorial Hospital		4d Yes		
RACE (e.g. White, Black, American Indian etc.) (Specify)		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day, Yr.)	STATE OF BIRTH (If not in U.S.A. name country)		
5 White		66	6a MOS	6b DAYS	6c HOURS	6d MINS	6e August 13 1920	6f Pennsylvania
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior to Retired)		KIND OF BUSINESS OR INDUSTRY		
7 Married		8 Marguerite L. Blackburn		9 Manager		10 Jewelry Sales		
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN SPECIFY WAR		RESIDENCE - STREET AND NUMBER CITY OR TOWN COUNTY STATE ZIP CODE				
12 175-14-1013		13 WW II		14 14 State Street Westborough, Worcester, MA. 01581				
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A. name country)		MOTHER NAME (GIVEN) MAIDEN		STATE OF BIRTH (If not in U.S.A. name country)		
15a Walter Myles		15b PA.		16a Mary Glowacki		16b PA.		
INFORMANT - NAME AND ADDRESS		RELATIONSHIP						
17a Marguerite L. Myles 14 State Street Westborough MA. 01581		17b Spouse						
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		PLACE OF DISPOSITION AND LOCATION		CITY OR TOWN STATE		
18a Burial		19a May 13 1987		19c Rural Cemetery		Southborough Massachusetts		
DISPOSITION		NAME OF FACILITY		ADDRESS OF FACILITY				
19a Warren A. Rand		19b Rand-Harper Funeral Home		19c 62 W. Main St. Westborough				
20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)		Interval between onset and death						
PART I (a) Cardiopulmonary ARREST DUE TO OR AS A CONSEQUENCE OF		minutes						
(b) Pneumococcal Pneumonia DUE TO OR AS A CONSEQUENCE OF		24 hrs						
(c) Pneumococcal Pneumonia		2 days						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a)				AUTOPSY (Yes or No)		WAS CASE REFERRED TO MED. EXAM. Yes or No		
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		21 NO		
23		24a		24b		22 NO		
24c				24d				
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		LOCATION		STREET		
24e		24f		24g		24h		
25a To the best of my knowledge death occurred at the time date and place and due to the cause(s) stated (Signature and Title) ► <i>Kenneth Stevens</i>		26a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) ► <i>Kenneth Stevens</i>						
DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH		
25b May 10 1987		25c 7:45 AM		26b		26c		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo. Day, Yr.)						
25d		26d ON						
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		26e AT						
27 KENNETH STEVENS 119 BELMONT ST. WORCESTER MA 01605								
28 BURIAL PERMIT ISSUED ON <i>May 12, 1987</i>		29 RECEIVED IN THE CITY OR TOWN OF WORCESTER						
(DATE) <i>Robert J. O'Keefe</i>		MAY 13 1987 (DATE RECEIVED)						
SIGNATURE-BD HEALTH AGT.								

No. 3 - 87

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John J. Kazlauskas, Jr.Name of Deceased Susan Jane StebbingAge 28 years ..... months ..... daysPlace of death Massachusetts @ M. 180 - SouthboroughDate of death June 3 - 1987Cause of death Concussion + Positional Hypoxia  
Cremation EnglandInterment at Mint Lynn Crematorium, NorfolkDate permit issued June 8, 1987Certified by Samuel P. Stone M.D.

No. ....

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to \_\_\_\_\_

(Office issuing permit)

City or Town of ..... Mass.

Name of deceased .....  
*Josephine Benedict*If a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
*M. Benedict* ..... at .....  
(Name of cemetery or crematory) (City or town)  
*Welles*on .....  
*7-7-87* .....Certified by .....  
*The City of Boston* .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

# Boston Catholic Cemetery Association

366 CUMMINS HIGHWAY  
ROSLINDALE, MASS. 02131

TELEPHONE 325-6830



DORCHESTER CEMETERY  
MT. CALvary CEMETERY  
NEW CALvary CEMETERY  
MT. BENEDICT CEMETERY

September 10, 1987

Mrs. Sena Jorcoletti  
34 Latisquama Road  
Southboro, MA 01772

Dear Mrs. Jorcoletti:

Enclosed is the burial permit that you returned to this office.

Our records show that Josephine Dindio's last address was 15 Carolyn Terrace, Southboro, MA.

Sincerely yours,

John Kelley, Business Agent  
BOSTON CATHOLIC CEMETERY  
ASSOCIATION

JK:dg

No. 4-87

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Donald C Morris

Issued to Leo J. Pessini

Name of Deceased Leo J. Pessini

Age ..... 80 years ..... months ..... days

Place of death Southboro

Date of death July 19, 1987

Cause of death

Interment at General Cemetery

Date permit issued July 20, 1987

Certified by Martin Vogel M.D.

No. 5-81

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Richard P. Armellani

Age 84 years months days

Place of death 41 Boston Rd, Southborough

Date of death October 10, 1987

Cause of death Acute Myelogenous leukemia

Interment at Rural Cemetery, Southboro

Date permit issued October 13, 1987

Certified by Timothy P. Stone M.D.

No. 6-87

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent = Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

of deceased Richard P. Armellani

U. S. War Veteran, specify what war, organization, etc.

None

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

eby certify that the body accompanying this permit was  
ed of in accordance with its termsSouthborough Rural Cemetery  
(Name of cemetery or crematory) (City or town)

October 14, 1987

fied by Waterman D.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 7-87....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald Morris Funeral HomeName of Deceased Frank J. Rossi Sr.Age 80 years ..... months ..... daysPlace of death 1 Newfield SouthboroDate of death 11-16-87Cause of death Renal Failure Cirrhosis, hepatic,  
Chronic, severeInterment at Rural CemeteryDate permit issued November 17, 1987Certified by Timothy P. Stone M.D.

No. 7-87....

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agawam - Board of Health  
(Office issuing permit)or Town of Southborough Mass.Name of deceased Frank J. Rossi

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
handled in accordance with its termsSouthborough Rural Cemetery  
(Name of cemetery or crematory) (City or town)November 19, 1987Identified by Watson, Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Palmadge Edwin BatesAge 48 years ..... months ..... daysPlace of death 7 Birchwood DriveDate of death March 9, 1988Cause of death Inhalation asphyxia due to carbon monoxideInterment at Funeral Crematory, Woburn, Mass.Date permit issued March 11, 1988Certified by Timothy P. Stone M.D.

No. 2 - 88**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Ronald C. MorrisName of Deceased Victor M. BenkaskiAge 72 years ..... months ..... daysPlace of death 116 Marlboro Rd. SouthboroughDate of death April 24, 1988  
Carcinoma, MetastaticCause of death Carcinoma, lung, type unspecifiedInterment at Rural Cemetery, SouthboroughDate permit issued April 25, 1988Certified by Timothy P. Stone M.D.No. A - 88**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)or Town of Southborough, Mass.of deceased Victor M. Benkaski

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
sewed in accordance with its termsSouthborough Rural Cemetery  
(Name of cemetery or crematory) (City or town)April 26, 1988filled by Watson, D.M.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3-88.....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Rows.....

Name of Deceased Nellie Galanis.....

Age 80 years ..... months ..... days

Place of death 22 Stowe Rd.....

Date of death May 9, 1988

Cause of death Cardiopulmonary Arrest

Presumed Coronary Artery Disease

Interment at Immaculate Conception Cemetery  
Marlboro

Date permit issued May 10, 1988

Certified by Howard D. Kirschenbaum M.D.

No. 3-88.....

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health  
(Office issuing permit)

or Town of Southborough Mass.

of deceased Nellie Galanis

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was  
used in accordance with its termsImmaculate Conception Cemetery  
Marlboro  
(Name of cemetery or crematory)  
(City or town)May 13, 1988  
Signed by Rev. Paul J. McLaughlin  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MAY 27, 1988 at 11:20 AM

TOWN CLERKS OFFICE

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

STATE OF NEW HAMPSHIRE

**BURIAL—TRANSIT PERMIT**

Full name of deceased . . . . . ARTHUR L. LACOMBE  
 Place of death . . . . . Alton . . . . . Belknap . . . . . N.H.  
 Date of death . . . . . May 23, 1988 (Town or City) Color . . . . . White (County) Male (State)  
 Cause of death . . . . . Respiratory Failure Sex . . . . . Age . . . . .  
 Method of disposal . . . . . Burial  
 (Whether burial, cremation, transportation, storage, etc. - If storage see over) (Cemetery, Crematory, or Vault)  
 Town or City . . . . . Rural Cemetery Southborough State . . . . . MA.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to  
 Robert Peaslee, C.E. Peaslee & Son F.H. Town or City . . . . . Alton, NH

(Funeral Home)

to dispose of body of said deceased as above stated

Date Issued . . . . . May 24, 1988

Signature . . . . . Guendolen M. Jones City or Town of . . . . . Alton  
 (Town Clerk, Sub-Registrar, Agency City Board of Health)

**CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**  
 If stored, body was placed in . . . . . on . . . . . 19 . . . . .  
 (Name of storage vault)

Town or City . . . . . State . . . . .  
 Signature . . . . . (Sexton or person in charge of storage vault)

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**  
 Body was . . . . . on . . . . . 19 . . . . . in . . . . .  
 (State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City . . . . . State . . . . . Section . . . . .  
 Lot No. . . . . Grave No. . . . . Signature . . . . .  
 (Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

( SEE OTHER SIDE )

This permit must accompany remains to destination.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS  
RICHMOND, VIRGINIA

OUT-OF-STATE TRANSIT PERMIT

FULL NAME OF DECEASED		Marston Collingston Green	AGE	73
PLACE OF DEATH	( City or County ) Nassawadox, VIRGINIA		DATE OF DEATH	( Month Day Year ) June 4, 1988
SEX	Male		RACE OR COLOR	Caucasian
DESTINATION TO WHICH REMAINS TO BE SENT		( City or County ) Rural Cemetery Southboro, Mass.	( State )	

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:

Funeral  
Director R.C. Doughty Address Box 633 Exmore, Va. 23350

To transport said deceased as stated above.

DATE ISSUED	REGISTRATION DISTRICT NO.	SIGNATURE OF REGISTRAR
6-6-88	165	R.C. Doughty

**PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**



**RECEIVED** @ 11:02 A.M.  
JULY 6 1988  
STATE OF NEW HAMPSHIRE

**BURIAL — TRANSIT PERMIT**

Burial Permit No. .... 1118

City or Town of CONCORD, N.H.

Full name of deceased ... Eleanor F. MacDonald  
Place of death ... Concord Merrimack NH  
(Town or City) (County) (State)  
Date of death ... June 30 1988 Color White Sex Female Age 83  
Cause of death ... Stroke; recurrent and acute  
Method of disposal ... Burial Rural Cemetery  
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)  
Town or City ... Southboro State MA

A certificate of death having been filed as required by the laws of this State, permission is hereby given to  
Donald C. Morris Funeral Home ... Town or City ... Southboro, MA  
(Funeral Home)

to dispose of body of said deceased as above stated Date Issued ... July 1, 1988

Signature ... *Elizabeth Shapley* City or Town of ... CONCORD, N.H.  
(Town Clerk, Sub-Registrar, Sub-Registrar, Agency, City, Board of Health)

**CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**  
If stored, body was placed in ... on ... 19 ...  
(Name of storage vault)

Town or City ... State ...

Signature ...  
(Sexton or person in charge of storage vault)

**CEMETERY OR CREMATORIY AUTHORITY SHALL FILL OUT SPACE BELOW**  
Body was ... *Buried* ... on July 2 1988 in ... *Southborough Rural Cemetery* ...  
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City: ... *Southborough* ... State: ... MA ... Section: ... 3-EAST ...  
Lot No. *22* ... South ... Grave No. *3* ... Signature: ... *Wally M. Davis* ...  
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

No. 4-88

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to James G. Aragossian  
 Name of Deceased Kohar Der Mousesian

Age 87 years months days

Place of death Fairview Drive, Southboro

Date of death June 22, 1988

Cause of death Metastatic Carcinosomatosis  
 Ovarian Cancer

Hypertension  
 Interment at Mt. Hope Cemetery, Boston

Date permit issued June 23, 1988

Certified by Ronald Love, M.D.

9

No. 4-88

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health Agent 01722  
 (Office issuing permit)

or Town of Southborough Mass.

Name of deceased Kohar Der Mousesian

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
 sent in accordance with its terms

Mount Hope, Boston  
 (Name of cemetery or crematory) (City or town)

June 25, 1988

filled by A.J. Morelli, R.D.  
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5-88.....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Agnes FergusonAge 75 years 0 months 0 daysPlace of death 8 Brydew Road, SouthboroDate of death July 3, 1988Cause of death Metastatic small cell  
Carcinoma of lungInterment at Rural Cemetery, SouthboroDate permit issued July 5, 1988Certified by Carol A. Colas, M.D. M.D.  
55 Lake St. Worcester

No. 9-88.....

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent: Board of Health  
(Office issuing permit)r Town of Southborough Mass.of deceased Agnes Ferguson

J. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was  
ed of in accordance with its termsSouthborough Rural Cemetery  
(Name of cemetery or crematory) (City or town)July 5 1988ied by Walter M. Den  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

RECEIVED  
8-19-88STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
PERMIT FOR BURIAL - TRANSITPERMIT  
NUMBER

48563

1. FULL NAME OF DECEASED <b>FLORENCE P SLACK</b>		8/18/88 DATE OF DEATH (Mo., Day, Yr.)	
3. SEX <b>FEMALE</b>	4. RACE <b>WHITE</b>	5. AGE <b>83</b>	6a. PLACE OF DEATH (City or Town) <b>GREAT MOOSE DRIVE HARTLAND</b>
7a. NAME OF FUNERAL ESTABLISHMENT OR AUTHORIZED PERSON <b>BROWN FUNERAL HOME</b>		7b. BUSINESS ADDRESS <b>24 High Street Newport</b>	
7c. LICENSE NUMBER <b>09174</b> (Funeral Establishment)			
8. TYPE OF PERMIT	<input checked="" type="checkbox"/> BURIAL		<input type="checkbox"/> TEMPORARY STORAGE
	<input type="checkbox"/> CREMATION		<input type="checkbox"/> BURIAL AT SEA
			<input type="checkbox"/> USE BY MEDICAL SCIENCE
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> COMPLETED DEATH CERTIFICATE	<input type="checkbox"/> REPORT OF DEATH (Funeral Directors Only)	<input checked="" type="checkbox"/> MEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE
10. PLACE OF DISPOSITION  <b>RURAL CEMETERY SOUTHBORO MA</b>			11. DATE OF DISPOSITION  <b>8/19/88</b> (Mo., Day, Yr.)
<b>PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE</b>			
12. SIGNATURE OF CLERK OR SUBREGISTRAR  <b>► Florence Robertson</b>	13. CITY OR TOWN <b>NEWPORT, ME</b>		14. DATE SIGNED  <b>8/17/88</b> (Mo., Day, Yr.)
DISPOSITION			
<input type="checkbox"/> BODY WAS DISINTERRED	15. DATE (Mo., Day, Yr.)	16. NAME OF CEMETERY OR VAULT	
	17. LOCATION	18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  <b>►</b>	
<input type="checkbox"/> BODY WAS PLACED IN RECEIVING VAULT	19. DATE (Mo., Day, Yr.)	20. NAME OF CEMETERY OR VAULT	
	21. LOCATION (City)  <b>Southborough</b>	(State)  <b>MA</b>	22. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  <b>► Watson, Dan</b>
BODY WAS: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED	23. DATE (Mo., Day, Yr.)  <b>8/19/88</b>	24. NAME OF CEMETERY OR CREMATORIUM  <b>Southborough Rural Cemetery</b>	
	25. LOCATION (City)  <b>Southborough</b>	(State)  <b>MA</b>	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  <b>► Watson, Dan</b>
BODY WAS: <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> REMOVED TO A MEDICAL SCHOOL <input checked="" type="checkbox"/> REMOVED FROM STATE	27. DATE (Mo., Day, Yr.)  <b>8/17/88</b>	28. NAME OF MEDICAL SCHOOL OR OTHER DESTINATION  <b>Morris Funeral Home</b>	
	29. LOCATION  <b>Southboro MASS</b>	30. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON  <b>► Philip W. Don</b>	
PLACE OF FINAL DISPOSITION			

No. 6-88.....

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Mureen P McSherryAge 61 years ..... months ..... daysPlace of death 14 Fartridge Ave RdSouthboroughDate of death 11-16-88Cause of death Malignant Meloma of BrainInterment at Rural Crematory WorcesterDate permit issued November 18, 1988Certified by Frank J. Coco - M.D.

No. ....- 87.....

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health - Agent  
(Office issuing permit)or Town of Southboro Mass.of deceased MUREEN P MC SHERRY

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*eby certify that the body accompanying this permit was  
sed of in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**

(Name of cemetery or crematory)

(City or town)

NOV 18 1988

fied by Arthur T. Carlson, Jr.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 1-89

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Sara Louise Baldelli

Age 79 years months days

Place of death 3 Pleasant St. Southboro

Date of death January 9, 1989

Cause of death Coronary Heart Disease  
Hypertension, Diabetes, Overweight

Interment at Rural Cemetery

Date permit issued January 12, 1989

Certified by Timothy P. Stone M.D.

No. 5-89

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)

or Town of Southboro Mass.

of deceased Sara L. Baldelli

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
sewed in accordance with its termsRURAL Cemetery Southboro, MA.  
(Name of cemetery or crematory) (City or town)

JAN. 13, 1989

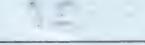
fied by G. C. Mooney III  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
PERMIT FOR BURIAL - TRANSIT

PERMIT  
NUMBER

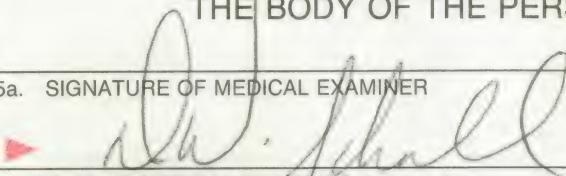
30261

1. FULL NAME OF DECEASED  Anne M. Kingsbury				2. DATE OF DEATH (Mo., Day, Yr.)  Feb. 16, 1989
3. SEX F	4. RACE W	5. AGE 88	6a. PLACE OF DEATH (City or Town) Brunswick	
7a. NAME OF FUNERAL ESTABLISHMENT OR AUTHORIZED PERSON  Stetson's Funeral Home		7b. BUSINESS ADDRESS Brunswick		7c. LICENSE NUMBER (Funeral Establishment) 09137
8. TYPE OF PERMIT  <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		<input type="checkbox"/> TEMPORARY STORAGE <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> USE BY MEDICAL SCIENCE		<input type="checkbox"/> DISINTERMENT <input checked="" type="checkbox"/> REMOVAL FROM STATE
9. AUTHORIZATION FOR PERMIT  <input checked="" type="checkbox"/> COMPLETED DEATH CERTIFICATE		<input type="checkbox"/> REPORT OF DEATH (Funeral Directors Only)		<input checked="" type="checkbox"/> MEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE <input type="checkbox"/> APPLICATION OR COURT ORDER FOR DISINTERMENT
10. PLACE OF DISPOSITION  Rural Cemetery, Southboro, Mass				11. DATE OF DISPOSITION (Mo., Day, Yr.)  2/20/89
<b>PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE</b>				
12. SIGNATURE OF CLERK OR SUBREGISTRAR  		13. CITY OR TOWN  Brunswick, Maine		14. DATE SIGNED (Mo., Day, Yr.)  2/17/89
DISPOSITION				
<input type="checkbox"/> BODY WAS DISINTERRED	15. DATE (Mo., Day, Yr.)		16. NAME OF CEMETERY OR VAULT	
	17. LOCATION		18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  	
<input type="checkbox"/> BODY WAS PLACED IN RECEIVING VAULT	19. DATE (Mo., Day, Yr.)		20. NAME OF CEMETERY OR VAULT  	
	21. LOCATION (City or Town) (State)		22. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  	
BODY WAS: <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED	23. DATE (Mo., Day, Yr.)		24. NAME OF CEMETERY OR CREMATORIAL	
	25. LOCATION (City or Town) (State)		26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL  	
BODY WAS: <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> REMOVED TO A MEDICAL SCHOOL <input checked="" type="checkbox"/> REMOVED FROM STATE	27. DATE (Mo., Day, Yr.) 2/20/89		28. NAME OF MEDICAL SCHOOL OR OTHER DESTINATION Rural Cemetery	
	29. LOCATION Southboro, Mass		30. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON  	
	1. PLACE OF FINAL DISPOSITION			

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
MEDICAL EXAMINERS RELEASE OF A DEAD BODY

1. FULL NAME OF DECEASED	Anne M. Kingsbury	
3. PLACE OF DEATH (City or Town)	Brunswick	
4. TYPE OF DISPOSITION:	<input type="checkbox"/> CREMATION	<input type="checkbox"/> BURIAL AT SEA
	<input type="checkbox"/> USE BY MEDICAL SCIENCE	<input checked="" type="checkbox"/> REMOVAL FROM STATE

I HEREBY CERTIFY THAT I HAVE MADE PERSONAL INQUIRY INTO THE DEATH OF THE ABOVE NAMED PERSON, INCLUDING THE CAUSE AND MANNER. I AM SATISFIED THAT NO FURTHER EXAMINATON OR JUDICIAL INQUIRY CONCERNING THIS DEATH IS NECESSARY AND HEREBY RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, OR REMOVAL FROM THE STATE, THE BODY OF THE PERSON NAMED HEREON.

5a. SIGNATURE OF MEDICAL EXAMINER	5b. DATE SIGNED
	2/17/89 (Mo., Day, Yr.)
6. NAME OF MEDICAL EXAMINER (Type or Print)	
David W. Schall M.D. M.E.	
7. ADDRESS OF MEDICAL EXAMINER	
Baribeau Drive	
Brunswick, Maine 04011	

FACILITY OF FINAL DISPOSITION

No. 2 - 89

No. 86 - 7

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Orman R. Sanborn

Age 85 years months days

Place of death 240 Parkerville Rd. Southboro

Date of death February 23, 1989

Cause of death Metastatic Lung Cancer  
Chronic Obstructive Pulmonary Disease

Interment at Rural Cemetery, Southboro

Date permit issued February 24, 1989

Certified by Dr. Teong Kuan M.D.

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health  
(Office issuing permit)

or Town of Southboro Mass.

of deceased ORMAN R. SANBORN

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
seized of in accordance with its termsRURAL Cemetery Southboro, MA  
(Name of cemetery or crematory) (City or town)

Feb. 25, 1989

Signed by S. G. Mooney  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

[INSTRUCTIONS ON REVERSE SIDE]

FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS

## The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

#2

REGISTERED NUMBER

STATE USE ONLY

STATE USE  
ONLY

4B PLACE

4C HOSP.

5. TYPE  
7. VET.

8. HISP RACE

9. EDUC.

10. AGE

11. NATIVITY

12. MARITAL

15. RESID.

15. OUT-STATE

23. DISP.

31-32 AUTOP.

33. MED EXAM

4. MANNER

35C. WORK INJ

35F. PLACE

36-37 CERT

40A. RN PRO

BLACK INK ONLY

A-301-89

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)		
1. Orman R		Sanborn			Male	February 23, 1989		
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in other, give street and number)				
4a Southboro		4b Worcester		4c 240 Parkerville Road				
PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR		
5. WAS DECEASED OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		RACE (e.g. White, Black, American Indian, etc.) (Specify): 6a Specify: White		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12)    College (1-4, 5+)				
AGE - Last Birthday (Yrs.) 10b 85		UNDER 1 YEAR MOS: 10c	UNDER 1 DAY HOURS: 10d	DATE OF BIRTH (Mo., Day, Yr.) December 7, 1903	BIRTHPLACE (City and State or Foreign Country) Laconia New Hampshire			
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) 13 Eva C. Wills		USUAL OCCUPATION (Prior - If retired)	KIND OF BUSINESS OR INDUSTRY 14b Machinist    14d Public Works			
RESIDENCE - NO. & ST. CITY/TOWN/COUNTY STATE/COUNTRY 240 Parkerville Road, Southboro, Worcester, Massachusetts		15a		MAILING ADDRESS - NO. & ST. CITY/TOWN, STATE, ZIP CODE 240 Parkerville Road, Southboro, Massachusetts 01772		ZIP CODE 15b		
FATHER - FULL NAME 16 Austin Sanborn		STATE OF BIRTH (If not in US, name country) 17 New Hampshire		MOTHER - NAME (GIVEN)    (MAIDEN)	STATE OF BIRTH (If not in US, name country) 19 Massachusetts			
INFORMANT'S NAME Eunice L. Flodde		20		MAILING ADDRESS - NO. & ST. CITY/TOWN, STATE, ZIP CODE 24 Donald C. Morris		RELATIONSHIP daughter		
METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:		21		FUNERAL SERVICE LICENSEE 25 29880		FUN. SERVICE LICENSEE #		
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a Rural Cemetery		26b		LOCATION (City/Town, State) Southboro, Massachusetts				
DATE OF DISPOSITION (Mo., Day, Yr.) 27 February 25, 1989		NAME OF FACILITY 28a Donald C. Morris Funeral Home		ADDRESS OF FACILITY 28b 40 Main Street, Southboro,				
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		b. Metastatic Lung Cancer DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death 1 year	
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.		c. COPD DUE TO (OR AS A CONSEQUENCE OF)						
		d. DUE TO (OR AS A CONSEQUENCE OF)						
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.							WAS AUTOPSY PERFORMED? (Yes or No) 31 NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32
30		34 MANNER OF DEATH 34a NATURAL <input type="checkbox"/> SUICIDE ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION 33 HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		DATE OF INJURY (Mo., Day, Yr.) 35b		TIME OF INJURY 35b	INJURY AT WORK 35c	
35d		35e		35f				
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, on street, factory, office bldg., etc. Specify:		LOCATION (No. & St., City/Town, State)				
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) 36b Feb 23rd 89		36c HOUR OF DEATH 6:45 AM		36d DATE SIGNED (Mo., Day, Yr.) 37b		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) 37b		
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 36d				37c DATE SIGNED (Mo., Day, Yr.) 37d PRONOUNCED DEAD (Mo., Day, Yr.)		37c HOUR OF DEATH 37d PRONOUNCED DEAD (Hr.)		
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 38 SEW-LEONG KWA, 56, PROCTOR ST. FRAM. MA 01701				38b IF YES, DATE PRONOUNCEMENT? 40b Feb 23, 1989		38c IF YES, TIME PRONOUNCED 40c 6:45 AM		
WAS THERE AN R.N. PRONOUNCEMENT? Yes or No 40a Yes		40d NAME OF PRONOUNCING REGISTERED NURSE NAME MAUREEN Whelehan R.N.		40e NAME OF PRONOUNCING REGISTERED NURSE NAME PAUL J. BERRY		39 LICENSE NO. OF CERTIFIER 42 42224 MA		
DATE BURIAL PERMIT ISSUED: January 24, 1989		RECEIVED IN THE CITY/TOWN OF: SOUTHBOROUGH		43 DATE OF RECORD Feb. 24, 1989				
SIGNATURE - BY OR HEALTH AGENT Anne A. Tolcolotti		CLERK'S SIGNATURE 42 PAUL J. BERRY						

Burial Permit No..... H368



STATE OF NEW HAMPSHIRE  
BURIAL — TRANSIT PERMIT

City or  
Town of..... NASHUA, NEW HAMPSHIRE

Full name of deceased ..... Charles William Lincoln Sr.

Place of death ..... Nashua ..... Hillsborough ..... NH .....  
(Town or City) (County) (State)

Date of death April 6, ..... 19 89 Color What ..... Sex Male ..... Age 76 .....  
(Year) (Color) (Sex) (Age)

Cause of death ..... Respiratory Arrest & Cardiac Arrest

Method of disposal ..... Burial ..... Rural Cemetery .....  
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)

Town or City ..... Southborough ..... State ..... Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to

George R. Rivet Funeral Home ..... Town or City ..... Merrimack, N.H. ....  
(Funeral Home)

to dispose of body of said deceased as above stated

Signature ..... City or Town of ..... (Town Clerk, Sub-Registrar, Agency City Board of Health)

Date Issued April 7, 1989

**CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE**

If stored, body was placed in ..... on ..... 19 .....  
(Name of storage vault)

Town or City ..... State .....  
(Sexton or person in charge of storage vault)

Signature ..... (Sexton or person in charge)

**CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW**

Body was ..... BURIED ..... on ..... APRIL 11 1989 in ..... RURAL Cemetery .....  
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City: ..... Southborough ..... State: MA ..... 01712 Section: 11 .....  
(Sexton or person in charge)

Lot No: 8 ..... Grave No: 10 ..... Signature: J.G. Mooney III .....  
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

Sec. 11 Lot 8 Grave 10  
4-11-89 Rivet - FA66 P9. 278  
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

No. 3-89No. 8-86**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Sereno W. JohnsonAge 87 years ..... months ..... daysPlace of death 120 Northboro RdDate of death May 1, 1989Cause of death Severe Aortic Stenosis  
Cancer of ProstateInterment at Rural CemeteryDate permit issued May 10, 1989Certified by Venay Kumar M.D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to \_\_\_\_\_  
(Office issuing permit)  
or Town of Southboro Mass.of deceased Sereno W. JohnsonU. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
buried in accordance with its termsSouthborough Rural Cemetery .....  
(Name of cemetery or crematory) (City or town)May 11, 1989 .....  
Filed by Walton Dan .....

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Memorial Funeral Home  
375 Broadway, Newport, R.I.

Name of Deceased Vergenia M. Jartaglino

Age 84 years ..... months ..... days

Place of death 6 High Street, Southborough, Mass.

Date of death October 23, 1989

Cause of death Cardiac Arrhythmia  
Cardiorenal Failure  
Coronary Heart Disease  
Carcinoma, Kidney, Right

Interment at .....

Date permit issued October 24, 1989

Certified by Timothy P. Stone, M.D.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Joseph K MurphyAge 81 years ..... months ..... daysPlace of death 2 Park Street, SouthboroughDate of death November 2, 1989Cause of death Congestive Heart Failure  
Chronic Obstructive Lung Disease  
Pural Crematory - Worcester, MassInterment at John CurranDate permit issued November 6, 1989Certified by John Curran M.D.

No. 6-89.....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Evelyn Louise Wilson

Age 78 years months days

Place of death 49 Boston Road

Date of death November 14, 1989

Cause of death Acute Myocardial Infarction

Interment at Maplewood Cemetery Marlboro

Date permit issued November 17, 1989

Certified by Robert C. Summer M.D.

No. 6-89.....

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
Office issuing permit

Town of Southborough Mass.

of deceased Evelyn Louise Wilson

U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

Rebly certify that the body accompanying this permit was ed of in accordance with its terms

Maplewood - Marlboro  
(Name of cemetery or crematory) (City or town)

11-18-89

ied by A. Lentz Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.